



STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE
SERVICES

ANNOUNCEMENT OF FUNDING
FOR
MENTAL HEALTH PLANNING REGIONS 6 AND 7
FOR
A PEER WELLNESS COACH,
an integral part of the
MY HEALTH, MY CHOICE, MY LIFE INITIATIVE

FOR TENNESSEE FISCAL YEARS 2013 and 2014
January 7, 2013-September 30, 2013

Released by the
Tennessee Department of Mental Health and Substance Abuse Services
Division of Mental Health Services

Term of Services: January 7, 2013-September 30, 2013

Key Due Dates and Times: Proposals due by October 12, 2012,
4:00 PM Central Time
(See Section 1.B. for other due dates and times)

Submitted To: Tennessee Department of Mental Health and
Substance Abuse Services
ATTN: Peer Wellness Coach Announcement of Funding
Andrew Johnson Tower, 11th Floor
710 James Robertson Parkway
Nashville, TN 37243

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TENNESSEE DEPARTMENT OF MENTAL HEALTH AND
SUBSTANCE ABUSE SERVICES
Division of Mental Health Services
Announcement of Funding
August 2012

The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), Division of Mental Health Services (DMHS), is requesting proposals from mental health agencies who currently provide mental health recovery services in Mental Health Planning Regions (MHPRs) 6 and 7 (West Tennessee), as identified in Section 1.A.(4), interested in employing a Certified Peer Specialist to serve as a Peer Wellness Coach to assist the State in implementing the *My Health, My Choice, My Life* initiative. Both MHPRs 6 and 7 (West Tennessee) will be serviced by the same Peer Wellness Coach; there will not be one for each MHPR 6 and 7. A job description for the Peer Wellness Coach can be found in Attachment D. The Tennessee *My Health, My Choice, My Life* initiative is being funded by a federal grant awarded to the TDMHSAS by the United States Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS). The *My Health, My Choice, My Life* initiative utilizes the statewide infrastructure of Peer Support and Addiction Peer Recovery Support Centers and Certified Peer Specialists by integrating a peer-led health promotion, wellness and self-management program for individuals with mental illness, substance use disorders, and co-occurring disorders. The *My Health, My Choice, My Life* initiative is further described in Section 1.I. and the Intended Scope of Services (Attachment E).

1. GENERAL CONDITIONS

1.A. Funding Information and Mental Health Planning Regions

- (1) **Type of Funding and Amounts:** One (1) Cost Reimbursement Grant Contract (hereinafter Grant Contracts) may be available to an eligible proposer in an amount up to Sixty Two Thousand Five Hundred Dollars (\$62,500) per year as explained in Section 1.I.
- (2) **Project Period:** Initially, January 7, 2013 through September 30, 2013. If funds are available, there may be two (2) additional one-year extensions of the program, as explained in Section 1.I.
- (3) **Allocations:** Funding allocations will be made on the basis of how well the proposing agency addresses guidelines and criteria of this Announcement of Funding (hereinafter Announcement). Renewal of the Grant Contract will depend on (a) the availability of funds; (b) Grantee progress in meeting project goals and objectives; and, (c) timely submission of required data and reports.

- (4) The seven (7) Mental Health Planning Regions are as follows:
- a. **Region 1:** Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi, and Washington Counties.
 - b. **Region 2:** Anderson, Blount, Campbell, Claiborne, Cocke, Grainger, Jefferson, Hamblen, Knox, Loudon, Monroe, Morgan, Roane, Scott, Sevier, and Union Counties.
 - c. **Region 3:** Bledsoe, Bradley, Clay, Cumberland, DeKalb, Fentress, Grundy, Hamilton, Jackson, Macon, Marion, McMinn, Meigs, Overton, Pickett, Polk, Putnam, Rhea, Sequatchie, Smith, Van Buren, Warren, and White Counties.
 - d. **Region 4:** Davidson County.
 - e. **Region 5:** Bedford, Cannon, Cheatham, Coffee, Dickson, Franklin, Giles, Hickman, Houston, Humphreys, Lawrence, Lewis, Lincoln, Maury, Marshall, Montgomery, Moore, Perry, Robertson, Rutherford, Stewart, Sumner, Trousdale, Wayne, Williamson, and Wilson Counties.
 - f. **Region 6:** Benton, Carroll, Chester, Crockett, Decatur, Dyer, Fayette, Gibson, Hardeman, Hardin, Haywood, Henderson, Henry, Lake, Lauderdale, Madison, McNairy, Obion, Tipton, and Weakley Counties.
 - g. **Region 7:** Shelby County.

1.B. Timelines

August 30, 2012	TDMHSAS releases Announcement of Funding
September 14, 2012	Proposers' Written Questions Regarding the Announcement are due by 4:00 PM Central Time (CT)
September 24, 2012	TDMHSAS holds Proposal Information Session at 1:00 PM CT
September 26, 2012	Proposers' Written Questions Arising after the Proposal Information Session are due by 12:00 PM CT
September 28, 2012	TDMHSAS will issue written responses to new questions
October 12, 2012	Proposals are due by 4:00 PM CT
October 19, 2011	TDMHSAS Makes Announcement of Accepted Proposals
January 7, 2013	Anticipated Start Date of the Grant Contract

“Due by” means that the item being requested must be “received by” and “be in the hands of TDMHSAS” by the stated date and time. “Due by” does not mean ‘postmarked by’. For submission of proposals, see Section 1.G. for additional information.

1.C. Eligibility

- (1) If unsure of eligibility, contact Sue Karber at sue.karber@tn.gov. **Questions specific to eligibility for this Announcement may be asked, in writing, at any time.** All other questions and comments shall be handled as explained in Section 1.D. Written responses to eligibility questions will be sent within three (3) business days of receipt of the written question.
- (2) An entity that is eligible to submit a proposal is a mental health agency that meets the following criteria:
 - a. Is a 501(c)3 agency; and
 - b. Currently provides recovery services to individuals with mental illness and co-occurring disorders in either MHPR 6 or 7, or both MHPRs 6 and 7; and
 - c. Currently serves individuals with TennCare and individuals who are uninsured; and
 - d. Has provided recovery services in either MHPR 6 or 7, or both MHPRs 6 and 7, as identified in Section 1.A.(4); for at least two (2) calendar years.
- (3) A Proposer, for purposes of this Announcement, must not be (and the State will not enter into a Grant Contract with):
 - a. An entity which employs an individual who is, or within the past six (6) months has been, an employee or official of the State of Tennessee in a position that would allow the direct or indirect use or disclosure of information, which was obtained through or in connection with his or her employment and not made available to the general public, for the purpose of furthering the private interest or personal profit of any person; or
 - b. Any individual or entity involved in assisting the State in the development, formulation, or drafting of this Announcement or the State Grant Contract’s Scope of Services (such person or entity being deemed by the State as having information that would afford an unfair advantage over other Proposers).

For the purposes of applying the requirements of this Section, the State will deem an individual to be an employee or official of the State of Tennessee until such

time as all compensation for salary, termination pay, and annual leave has been paid.

1.D. State Amendments to, and Cancellation of, this Announcement

- (1) The State reserves the right to amend this Announcement at any time. In the event the State decides to amend, add to, or delete any part of this Announcement, a written amendment will be posted on the State's website and notice of the posting will be distributed via electronic mail (e-mail) to those who supplied an e-mail address.
- (2) The State reserves the right to cancel, or to cancel and re-issue, this Announcement. In the event such action is taken, notice of such action will be posted on the State's website and notice of the posting will be distributed via electronic mail (e-mail) to those who supplied an e-mail address.

1.E. Communications

- (1) Proposers must assume the risk of the method of dispatching any communication (proposal questions, requests for clarification, the proposal, and so on). **The State assumes no responsibility for delays or delivery failures resulting from the method of dispatch.** Selection of the method of dispatch is the sole responsibility of the Proposer. Use of regular United States Postal Service (USPS) mail is **strongly discouraged** but if used, the sender should allow extra time for processing to ensure delivery by the stated date and time. As an alternative, the sender should consider using a delivery system that ensures delivery directly to the intended recipient (express mail; overnight delivery; UPS; FedEx; hand delivery). **Electronic methods of dispatch are prohibited unless otherwise noted.**
- (2) To be fair to everyone interested in proposing, please submit any questions and requests for clarification via electronic mail (e-mail) so that the questions and the requests for clarification and the answers can be shared with all interested parties. All organizations that do not have a question but are planning to submit a proposal and want to receive copies of all questions and answers should send an e-mail requesting this. Please send contact information to sue.karber@tn.gov.
- (3) Questions and requests for clarification regarding this Announcement must be submitted by e-mail on or before 4:00 PM CT on September 14, 2012, to sue.karber@tn.gov in order to be answered at the Proposal Information Session (see Section 1.F.). See Section 1.E.(1) for method of dispatch. Electronic mail (e-mail) **is** permitted for the submission of written questions and requests for clarification regarding this Announcement. Written responses to any questions and requests for clarification regarding this Announcement will be posted on the State's website and notice of posting will be distributed via electronic mail (e-mail) to those who supplied an e-mail address.

- (4) Questions and requests for clarification arising at the Proposal Information Session will be written down by the State and answered, in writing, by September 21, 2011. Questions and requests for clarification arising after the Proposal Information Session must be submitted in writing by 12:00 PM CT on September 26, 2012, and will be answered, in writing, by September 28, 2012. See Section 1.E.(1) for method of dispatch. Electronic mail (e-mail) **is** permitted for the submission of written questions and requests for clarification regarding this Announcement. Written responses to any questions and requests for clarification regarding this Announcement will be posted on the State's website and notice of posting will be distributed via electronic mail (e-mail) to those who supplied an e-mail address.
- (5) Only the State's official, written responses and communications will be binding with regard to this Announcement. The State will consider oral communications of any type to be unofficial and non-binding.

1.F. Proposal Information Session

- (1) Those who are interested in submitting a proposal are encouraged to attend the Proposal Information Session scheduled for Tuesday, September 25, 2012, from 10:30 PM until 12:30 PM CT. To attend in person, the Proposal Information Session will be held at the Andrew Johnson Tower (710 James Robertson Parkway), 11th Floor Commissioner's Conference Room. To attend via conference call, please see Section 1.F.(2). **No makeup session will be provided.** It is recommended that proposers fully review the Announcement prior to the Proposal Information Session in order to determine those sections needing further clarification. Written responses to the questions and requests for clarification received in accordance with Section 1.E.(3) will be posted on the State's website and notice of posting will be distributed to those who supplied an e-mail address as described in Section 1.E.(2). A paper copy of the written responses will be available at the Proposal Information Session. For questions and requests for clarification arising at and after the Proposal Information Session, please see Sections 1.E.(3).
- (2) The Proposal Information Session may be attended via conference call. To attend the Proposal Information Session via conference call, please send an electronic mail (e-mail) to sue.karber@tn.gov by Thursday, September 20, 2012 to receive the call-in information.

1.G. Proposal Submission Information

- (1) Proposers must assume the risk of the method of dispatching any communication (proposal questions, requests for clarification, the proposal, and so on). **The State assumes no responsibility for delays or delivery failures resulting from the method of dispatch.** Selection of the method of dispatch is the sole

responsibility of the Proposer. Use of regular United States Postal Service (USPS) mail is **strongly discouraged** but if used, the sender should allow extra time for processing to ensure delivery by the stated date and time. As an alternative, the sender should consider using a delivery system that ensures delivery directly to the intended recipient (express mail; overnight delivery; UPS; FedEx; hand delivery). **Electronic methods of dispatch are prohibited unless otherwise noted.**

- (2) Proposals must be **received by** the TDMHSAS no later than 4:00 PM CT on October 12, 2012 and meet other submission criteria detailed in 1.G.(5) in order to be eligible for review. Proposals will be considered to be “on time” only if they are received on or before the established due date and time. This does **not** mean “postmarked by” the due date and time; rather, it means “received by” and “in the hands of the TDMHSAS” by the due date and time. If the proposal is hand delivered, a signed receipt from the TDMHSAS will be given to the delivery person as verification of receipt. If the proposal is mailed, verification of received proposals will be provided via e-mail.

- (3) Late proposals will **not** be reviewed.

- (4) The **proposal must be mailed or hand delivered to:**

Sue Hunt, Administrative Assistant
Tennessee Department of Mental Health and Substance Abuse Services
Commissioner’s Suite
ATTN: Peer Wellness Coach Announcement of Funding
Andrew Johnson Tower, 11th Floor
710 James Robertson Parkway
Nashville, TN 37243

- (5) The TDMHSAS’s goal to review all proposals submitted must be balanced against the Department’s obligation to ensure equitable treatment of all proposals. For this reason, the TDMHSAS has established certain formatting requirements for its proposals. **Failure to adhere to these requirements shall result in the proposal not being reviewed.**

- a. Proposals must be received by the deadline.
- b. Information provided must be sufficient for review.
- c. Text must be legible.
- d. Proposals must be written in English.
- e. Proposal pages must be typed in black ink, single-spaced, in Times New Roman font, size twelve (12), with all margins (left, right, top, bottom) at

least one inch (1") each. The one inch (1") margin requirement does **not** apply when preparing the worksheets (Attachments A-C).

- f. Pages should not have printing on both sides.
- g. Proposal paper must be white and eight and one-half inches by eleven inches (8.5" x 11") in size.
- h. Proposals must adhere to page limits where noted.
- i. Attachments (Attachments A-C) must be completed as directed.
- j. To facilitate review and processing of the proposal by the TDMHSAS, all pages must be numbered, beginning with the Cover Sheet. Assemble the proposal in the following order:

Transmittal Letter (signed in ink by authorized representative)

Cover Sheet (Attachment A)

Table of Contents

Proposal Narrative

Organizational Chart (Attachment B)

Proposed Budgets/Budget Justification Worksheets (Attachment C)

- k. All proposal pages must include a header with Proposer Name and Page Number.
- l. Send the original proposal and five (5) copies to the mailing address listed in Section 1.G.(4). Do not use staples, paper clips, and fasteners. Nothing should be attached, stapled, folded, or pasted. Do not use heavy or lightweight paper or any material that cannot be copied using automatic copying machines. Odd-sized and oversized attachments such as posters will not be copied and sent to reviewers. Do not include videotapes, audiotapes, compact disks (CDs), digital video disks (DVDs), flash drives, or other similar media formats.

1.H. Proposal Review and Selection

- (1) This Announcement and its Grantee selection processes do not obligate the State and do not create rights, interests, or claims of entitlement in either the Proposer with the apparent best-evaluated proposal or any other Proposer.
- (2) Eligible proposals received by the deadline will be screened to determine technical compliance and completion. **Incomplete and noncompliant proposals will not be reviewed.** Entities submitting incomplete or noncompliant proposals will be notified. Proposals found to be in compliance with all requirements, complete, and in the approved format will be submitted for review.

- (3) The TDMHSAS recognizes the need to ensure that funding provided for the Peer Wellness Coach and the *My Health, My Choice, My Life* initiative provides maximum benefit to the citizens of Tennessee. Therefore, preference will be given to proposals that:
- a. Demonstrate an effective supervisory structure for working with the Peer Wellness Coach and the TDMHSAS Director of Consumer Wellness Programs;
 - b. Identify partnerships with multiple community sectors, primary care providers, nursing education programs and other community-based organizations, as appropriate to the goals of the *My Health, My Choice, My Life* initiative as described in the Intended Scope of Services (Attachment D);
 - c. Demonstrate that both Peer Support Services and whole health are an important part of the proposing entity's overall philosophy of their Mental Health Services Delivery System;
 - d. Demonstrate effective relationships with Primary Care Providers and nursing programs within each MHPR covered by the proposal; and
 - e. Demonstrate experience in, or plans for, seeking reimbursement from Tennessee's Medicaid program, TennCare for Peer Support Services within the next State Grant Contract year of October 1, 2013 to September 30, 2014.

1.H. Proposal Components and Scoring

- (1) Scoring will be based on the quality and completeness of responses to the following six (6) Proposal Components:

Transmittal Letter (signed in ink by authorized representative)

Cover Sheet (Attachment A)

Table of Contents

Proposal Narrative

Organizational Chart (Attachment B)

Proposed Budget and Budget Justification Worksheet (Attachment C)

- (2) Each component is allocated a maximum point value that determines a range within which reviewers will assign specific points. The number of points allocated to each component below is the maximum number of points the reviewer may assign. Proposals may receive a total score between zero (0) and one hundred (100).

- a. **Transmittal Letter** (0 points, but essential)
Include authorized signature(s).

- b. **Cover Sheet (Attachment A)** (0 Points, but essential)
Include authorized signature(s).
- c. **Table of Contents** (0 Points, but essential)

Include page numbers for each of the major sections, beginning with the Proposal Narrative, and for each Attachment of the proposal.
- d. **Proposal Narrative** (85 Total Points)

The Proposal Narrative may not exceed eight (8) pages total.
- e. **Organizational Chart (Attachment B)** (5 Points)

Provide an organizational chart for the entity submitting the proposal, demonstrating where the Peer Wellness Coach (PWC) and the Supervisor of the PWC will fit within the overall structural organization of the entity submitting the proposal.
- f. **Proposed Budget and Budget Justification Worksheet (Attachment C)** (10 Points)

An appropriate and realistic budget must be submitted that includes a narrative justifying the budget for the State Grant Contract period of January 7, 2013-September 30, 2013.

1.I. Program Information and State Grant Contract Provisions

- (1) The intent of this Announcement is to select eligible entities that will be able to provide services for the current State Grant Contract period, as well as for the remaining two (2) years of the Federal grant period. Although the yearly State Grant Contract allocation is expected to be Sixty Two Thousand Five Hundred Dollars (\$62,500.00), the first State Grant Contract period is only expected to be nine (9) months. Therefore, the funding amount for the initial State Grant Contract period will be prorated accordingly, and is expected to be Forty Nine Thousand Five Hundred Dollars (\$49,500.00), which includes specific funds for:
- One Peer Wellness Coach's salary and benefits;
 - Travel to the *My Health, My Choice, My Life* training regimen in Nashville;
 - Regional travel;
 - Healthy snacks for program participants;
 - Evaluation incentives for program participants; and
 - Supplies which include a laptop computer, a digital camera, and a Blackberry®, or other suitable device capable of being used as both a telephone and electronic mail (e-mail) device.

After a proposal has been selected and work on a Grant Contract has begun, variation in the allocation amount will be negotiated with the State based on the education and experience of the identified candidate for the Peer Wellness Coach staff position.

In accordance with the Tennessee Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies*, the total for Allowable Direct Costs and Indirect Costs is limited to a total of twenty percent (20%) of the total Direct Costs; therefore, if the amount of Indirect Costs is less than twenty percent (20%), the remaining percentage may be allocated to any of the Allowable Direct Costs described below (see also the Examples being provided):

Allowable Direct Costs include: Professional Fee/Grant & Award (Line 4,15); Postage & Shipping (Line 7); Occupancy (Line 8); Equipment Rental & Maintenance (Line 9); Printing & Publications (Line 10); Insurance (Line 14); Specific Assistance to Individuals (Line 16); Depreciation (Line 17); and Other Non-personnel (Line 18) besides incentives for program participants. [Line numbers are those on the State Budget form (see Attachment C)]

Direct Costs include: Salaries (Line 1); Benefits & Taxes (Line 2) Supplies (Line 5); Telephone (Line 6); Travel/Conferences & Meetings (Line 11,12); and Other Non-personnel (Line 18) for incentives for program participants only. [Line numbers are those on the State Budget form (see Attachment C)]

EXAMPLES:

If Indirect Costs equal 5%, that leaves 15% that may be allocated to Allowable Direct Costs described above.

If Indirect Costs equal 10%, that leaves 10% that may be allocated to Allowable Direct Costs described above.

If Indirect Costs equal 15%, that leaves 5% that may be allocated to Allowable Direct Costs described above.

If Indirect Costs equal 20%, there are no allocations to Allowable Direct Costs such as those described above.

- (2) One intent of the *My Health, My Choice, My Life* initiative is for the program to become a reimbursable service of Tennessee's Medicaid program, TennCare. If the *My Health, My Choice, My Life* initiative becomes a TennCare reimbursable service, any Grantee receiving program funds will be expected to seek said reimbursement and fund a portion of the PWC's salary in subsequent years.

- (3) State obligations pursuant to a Grant Contract shall commence only after the Grant Contract is signed by the State agency head and the Grantee and after the Grant Contract is approved by all other State officials by applicable laws and regulations.
- (4) See Attachment D for the intended Scope of Services, which is Section A. of a State of Tennessee Grant Contract. Please note that the State of Tennessee reserves the right to make any changes deemed necessary before issuing the final Grant Contract. The State of Tennessee also reserves the right not to issue any Grant Contracts in response to this Announcement.
- (5) Any entity entering into a Grant Contract under this Announcement will be required to hire a Certified Peer Specialist to serve as a PWC in time to participate in the *My Health, My Choice, My Life* training regimen in January, 2013. If a candidate is identified who is not a Certified Peer Specialist, the candidate has one (1) year from the date of hire to become a Certified Peer Specialist.
- (6) Each PWC will be trained on the Chronic Disease Self-Management Program (CDSMP) and the Diabetes Self-Management Program (DSMP). The CDSMP and DSMP are six (6) session workshops that assist individuals in gaining and developing the knowledge, skills, and motivation they need to manage the day-to-day realities of their physical and mental health symptoms. Each workshop is based on the principle that confident, knowledgeable individuals practicing self-management will be empowered to live a life of purpose and well-being.
- (7) The *My Health, My Choice, My Life* initiative is a federal grant, scheduled to span from October 1, 2010 through September 30, 2015, awarded to the TDMHSAS from the Substance Abuse and Mental Health Services Administration (SAMHSA)/Center for Mental Health Services (CMHS). One intention of the program is to extend the lives of individuals with mental illness, substance use disorders, and co-occurring disorders by empowering them with the knowledge and resources to manage their recovery and to improve their overall health and well-being.
- (8) The *My Health, My Choice, My Life* program seeks to improve the physical health behaviors and physical health status of nine hundred forty-six (946) adult Tennesseans with mental illness, substance use disorders, and co-occurring disorders. The program will be implemented in Tennessee utilizing a tiered approach: starting in Middle Tennessee (Mental Health Planning Regions 4 and 5 as indicated in Section 1.A.(4)) in year one; followed by East Tennessee (Mental Health Planning Regions 1, 2, and 3 as indicated in Section 1.A.(4)) in year two; followed by West Tennessee (Mental Health Planning Regions 6 and 7 as indicated in Section 1.A.(4)) in year three that is expected to be from January 7, 2013 to September 30, 2013. The goal for West Tennessee is to serve sixty (60) individuals by September 30, 2013 and sixty (60) individuals each additional federal fiscal year (October 1-September 30).

2. PROPOSAL NARRATIVE

Proposals must include responses to every question or statement of this Proposal Narrative (Section 2.). Responses should fully address each of the following items. Responses should be numbered for clarity. (Eight (8) page limit)

- i. Describe the Proposer's type of business, including the licenses and accreditations that are currently maintained as well as the current geographical locations served;
- ii. Describe the current recovery services offered and length of time offered for individuals with mental illness, substance use disorders and co-occurring disorders provided by the Proposer;
- iii. Describe the Proposer's proposed office location for the Peer Wellness Coach;
- iv. Describe the supervisory and reporting structure for the current Proposer's Peer Support Center staff and the proposed supervisory and reporting structure for the Peer Wellness Coach. If applicable, discuss the Proposer's experience in working with the State to employ an individual for a regional coordinator role;
- v. Describe in what areas of services within the Proposer's agency the CDSMP, DSMP, and Peer Wellness Coaching could be offered in addition to Peer Support Centers;
- vi. Describe the Proposer's existing relationships with primary care providers and nursing education programs within each MHPR covered by the proposal;
- vii. Describe the Proposer's philosophy of Peer Support Services, including how Peer Support Services fit into the Mental Health Services Delivery System;
- viii. Describe the Proposer's philosophy regarding the whole health of individuals with mental illness, substance use disorders and co-occurring disorders;
- ix. Describe the Proposer's experience in seeking reimbursement for Peer Support Services from Tennessee's Medicaid program, TennCare. If the Proposer does not have experience in seeking reimbursement for Peer Support Services from TennCare, describe the Proposer's plan to seek reimbursement for the *My Health, My Choice, My Life* initiative if it is to become a TennCare reimbursable service; and
- x. Describe the trainings offered by the Proposer to Certified Peer Specialists on staff and Peer Support Center staff to enhance professional development.

3. PROPOSAL CHECKLIST

3.A. Technical Requirements

- ☐ Written in English
- ☐ Typed in black ink, single-spaced on standard eight and one-half inch by eleven inch (8.5" x 11") paper
- ☐ Typed in Times New Roman font, size twelve (12)
- ☐ All margins (left, right, top, bottom) are one inch (1") each. The margin requirement is **not** applicable to the Attachments.
- ☐ Adhered to page limits
- ☐ Pages are sequentially numbered, including all attachments
- ☐ Page header includes the Proposer Name and Page Number
- ☐ Responded to each criterion listed in this Announcement in the order requested
- ☐ Signed in ink by an authorized representative of the Proposer submitting the proposal
- ☐ Assembled the proposal in the order described in Section 1.G.(5)j.
- ☐ No binder clips or paperclips have been used; no stapling or binding has been used
- ☐ Submitted one (1) original print copy and five (5) print copies of the original

3.B. Proposal Order

Use the table below to ensure all requested information is included in the proposal. In addition, proposal materials should follow the order denoted below. **Incomplete proposals will not be considered.**

Proposal Component	Maximum Page Limit (where applicable)	Checklist
I. Cover Sheet, including signatures (Attachment A)	Not Applicable	
II. Table of Contents	As needed to fulfill the requirement	
III. Proposal Narrative [Total Points: 85]	8	
IV. Remaining Attachments:		
B. Organizational Chart [Total Points: 5]	As needed to fulfill the requirement	
C. Proposed Budget and Budget Justification Worksheet [Total Points: 10]	As needed to fulfill the requirement	